

COVER PAGE

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Please type or print in ink.

TP

NAME (LAST)	(FIRST)	(MIDDLE)
Baldwin	Robert	
MAILING ADDRESS	STREET	CITY
STATE		ZIP CODE

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

City of Doreis

Division, Board, District, if applicable:

Your Position:

Council member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ County of

☒ City of Doreis

☐ Multi-County

☐ Other

**3. Type of Statement (Check at least one box)**

☒ Assuming Office/Initial Date: 12/6/2010

☐ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: \_\_\_\_

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☒ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1-27-11

(d)(5)

(year)

Signature

FPP